

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-030526

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

Registration District No. **318**
FILED JUL 19 1963

1003

7144

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Length of stay in 1b 1 day		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Incarinate Word Hosp		d. STREET ADDRESS (If outside, give location) 3815 Flad Ave	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Ralph G. Smith			4. DATE OF DEATH Month Day Year 7-8-63		
5. SEX Male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-25-1886	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Self Employed		11. BIRTHPLACE (City and state or country) DE Pue, Ill	
12. CITIZEN OF WHAT COUNTRY U.S.		13a. FATHER'S NAME Smith		13b. MOTHER'S MAIDEN NAME Neicely	
14. NAME OF HUSBAND OR WIFE Mary Fehring Smith		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address A Mary Smith 3815 Flad Ave	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Cardio Renal disease DUE TO (b) Myocardial Infarction DUE TO (c) Gangrene Bowel Conditions, if any, which gave rise to above cause (e), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 7 yrs acute acute
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Cardio Renal Disease		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 442+	
20c. TIME OF INJURY Hour s.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 11/19/62		20f. CITY, TOWN, OR LOCATION 7/8/63	
21. I attended the deceased from 7 A.M. to 7/7/63 and last saw him alive on 7/7/63		Death occurred at 7 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE George J. McManus M.D.		22b. ADDRESS 3903 Olive	
22c. DATE SIGNED 7/9/63		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 7-11-63		23c. NAME OF CEMETERY OR CREMATORY Resurrection	
23d. LOCATION (City, town, or county) St. Louis County		25. DATE RECD. BY LOCAL REG. JUL 9 1963	
24. FUNERAL DIRECTOR Weick Bros		26. REGISTRAR'S SIGNATURE Roan Smith. M.D.	

Dr Geo T. Nelson
3903 Olive St 7-9.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Stanley H. Dixon
Licensed Embalmer No. 4193

P. O. Address St. L.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.